



City of Sumter

822 West Liberty, Sumter, South Carolina 29151 * 1-800-688-4748 * 1-803-436-2640 * Jfax: 1-803-436-2652

MEMORIAL PARK GAZEBO RESERVATION FORM

*The City of Sumter welcomes you to **Memorial Park**. The gazebo is available for the public to enjoy. In reserving the gazebo, you must agree to the following conditions:*

- Leave the gazebo and its surrounding area as you find them.
- Amplified music is **NOT** allowed and electrical or battery operated equipment is allowed only with **prior approval**.
- The activities must take place during operating hours of the park: **7:00 am - dark**.
- Privacy is **NOT** guaranteed for weddings or parties.
- Tables or decoration of any kind must have prior approval.
- Chairs are allowed provided they are only placed on the concrete pad.
- All external structures must have prior approval.
- **NO ALCOHOLIC BEVERAGES ALLOWED.**
- A **two weeks** cancellation notice is required and a new date can be rescheduled within 60 days.
- **The person reserving the gazebo is accountable for observance of the above conditions and conduct of guests with consideration to the surrounding residential area.**

I _____ **HAVE READ AND AGREE TO THE ABOVE
CONDITIONS FOR THE USE OF MEMORIAL PARK GAZEBO WITH THE
UNDERSTANDING OF COMPLETE RESPONSIBILITY OF ADHERENCE TO THE RULES.**

RESERVATION FEE: \$25.00

Make checks payable to: City of Sumter

Cancellation Policy: The reservation fee is refundable if a **30 day written notice** is received prior to the event.

Event date *and* time

Name (print)

Event type

Number of Guests

*Return Check Policy: \$25 fee for \$100 or less, \$30 fee for over \$100. All subsequent payments must be **cash** or **credit** and will include the returned check fee.*

RENTAL APPLICATION

(Memorial Park Gazebo)

(ALL QUESTIONS MUST BE ANSWERED)

Today's Date: _____

Event Date Requested: _____

Name of Organization: _____

Organization Day Phone: _____

Name of Person Responsible for Use: _____

Address: _____

Day Phone: _____

Night Phone: _____

Name of Party Responsible for Payment (if same as above, please write same): _____

Name: _____

Address: _____

Phone: _____

Type of Event/Program: _____

Number of people: _____ *Event Coordinator:* _____

Give Purpose of Use: (Full Details): _____

(Memorial Park Gazebo)
FINAL REQUEST FOR RESERVATION

I have read the conditions for the use of the Memorial Park Gazebo and agree to see that all regulations are strictly adhered to and carried out. I am aware that violations of the regulations will result in vacating the premises immediately and/or not using the facility in the future.

<hr/>	<hr/>	<hr/>
<i>(Print Name)</i>	<i>Signature</i>	<i>Date</i>
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For Office Use and Refund Approvals:

Check#: _____ *Cash:* _____ *Credit Card#:* _____

Payment Made By: _____ *Exp. Date:* _____ *VIN#:* _____

Balance Due: _____ *Total Paid:* _____

Reservation Fee Received: _____ *Revenue: 110-0000-364.44-20*

Event date: _____

Event Information for Refunds

Name for Check to be made out to: _____

(Print all information)

Address: _____

(Print all information)

Signature

Date